GOALS AND OBJECTIVES
EDUCATION AND PUBLIC AWARENESS

Subject Matter Expert Panel

GOAL: Increase asthma education in the school system.

Objectives:

1) Promote North Carolina standard of one school nurse to every 750 students (by 2012).
2) Increase access to schools for approved asthma healthcare providers.

GOAL: Educate North Carolinians about the dangers of secondhand smoke and its relationship to asthma.

Objectives:

1) Each health department implement smoke free dining policies in 50% of restaurants by 2010.
2) Implement media campaign educating North Carolinians on the danger of second hand smoke and its relationship to asthma (Emphasis in May).

GOAL: Provide goals for primary care providers based on guidelines and expectations. Promote standards of care.

Objectives:

1) Provide National Institute of Health (NIH) guidelines to primary care doctors by December 2007.
2) Have medical professional organizations promote the use of these guidelines.

GOAL: Develop and promote a standardized asthma education curriculum for North Carolina.

Objectives:

1) Develop a statewide committee to create curriculum by December 2007.
2) Develop curriculum by December 2008.
3) Pilot the curriculum by June 2009.

4) Evaluate and collect data on the curriculum by June 2010.
5) Disseminate and promote curriculum by June 2011.

Breakout Session 1

GOAL: Increase the level of asthma education for students in all elementary, middle, and high schools.

Objectives:

1) Identify avenues to get into schools to educate students about asthma (principals), school board, superintendent
2) By 2008, increase by 30% the number of full time school nurses or other asthma professionals in schools.
3) Secure at least 2 sessions to inform them of the importance of increasing the level of asthma education in NC schools.

GOAL: Increase level of developmentally appropriate asthma education in all North Carolina childcare centers (children, staff, and parents).

Objectives:

1) Increase the number of child care centers administering programs, such as "A is for Asthma" by 25%.
2) Develop asthma action plans for child care centers (partner with Cooperative Extension).

GOAL: Increase the level of asthma education in elementary, middle, and high schools for parents.

Objectives:

1) Have one Asthma Awareness Day (with food) for parents each school year.
2) Increase local coalition involvement.

GOAL: Increase the level of asthma education in elementary, middle, and high schools for staff.

Objectives:

1) Increase the amount of asthma educational material in schools.
2) Provide education during in-service time.
3) Provide coaches clinics on what to do for asthma once per year.

GOAL: Provide training and education to ER physicians and primary care physicians on dealing with school age children.

Objectives:

1) Increase % of physicians receiving comprehensive education packets on dealing with school age children.
2) Increase the number of storyboards displayed to doctors.
3) Have the discharge provider provide education, or someone designated to do so.

Breakout Session 2

GOAL: Increase access to educate about asthma in school systems.

Objectives:
1) Identify available resources.
2) Expand existing programs.
3) Gain countywide approval to implement at least one asthma education program in each school.
4) Establish a standard asthma curriculum for each school district.

GOAL: Build awareness of modifiable asthma triggers in relation to health care costs and absenteeism.

Objectives:
1) During Asthma Awareness Month, each coalition do at least one earned media event.
2) Pending money availability, develop paid media messages.

GOAL: Educate restaurants about the danger of second hand smoke and its relationship to asthma.

Objectives:
1) Have every local health department implement a smoke-free dining program.
2) Identify 2 restaurant owners per county to be spokespeople for the Program (by June 2007).

GOAL: Provide goals for primary care providers based on guidelines and expectations. Promote standards of care.

Objectives:
1) Have standardized workshops.
2) By June 2007, primary care providers will be provided 5 guideline measures for excellent standards of care.
3) By June 2008, establish audit measures on the 5 guideline measures for excellent standards of care.
4) By August 2009, produce audit reports.
5) Use quality improvement models to educate providers to fix the systems (IPIP).

GOAL: Promote the importance of medical care for people with asthma.

Objectives:

1) Establish an on-going newsletter
2) Look for national education program and adapt for North Carolina.
3) Stress the importance of proactive care and well asthma visits.
4) Provide education in ER to tap into safety net.

GOALS AND OBJECTIVES
HEALTH DISPARITIES

Subject Matter Expert Panel

GOAL: Reduce disparites in burden of asthma among groups that are underserved or disproportionately affected.

Objectives:

1) Reduced incidence of asthma by ___ % in
   a) racial/ethnic
   b) age
   c) gender
   d) location (rural/urban) groups
2) Reduce prevalence of asthma by ___ %…
3) Reduce hospitalizations for asthma by ___ %…
4) Expand asthma coalitions to reach/offer services to all underserved populations in the state by ___.

GOAL: Increase resources for asthma management and services for all underserved populations.

Objectives:

1) Expanded educational programs for NC professionals/providers.
2) Increase money for expanded professional by ___ %.
3) Increase number of asthma-specific trained personnel by ___% by 20__.
4) Increase access to care among disparate populations by ___ %.
5) Decrease student:nurse ratio to national standard by ___.

GOAL: Improve economic, social, and physical conditions that contribute to disparities in asthma.

Objectives:

1) By 2010, identify the number of existing public schools that have conditions that contribute to asthma symptoms.
2) By 2010, renovate schools identifed above to remove ___ % of asthma triggers.
3) By ___, increase the minimum wage to $___.
4) Increase access to healthcare to underserved populations.
5) By ___, increase public awarenes of asthma programs statewide.

Breakout Session 1

GOAL: Reduce disparities in the burden of asthma among groups that are disproportionately affected by the disease.

Objectives:

1) Reduce mortality rates among minorities by ___ %.
2) By ___, reduce prevalence of asthma among Native Americans by ___ %.
3) By ___, reduce prevalence of asthma among African Americans by ___ %.

GOAL: Increase quality of and access to asthma care among disparate populations.

Objectives:

1) By ___, increase insurance coverage among the uninsured by ___ %.
2) By ___, decrease student to nurse ratio to national standard.

GOAL: Improve environmental/physical, economic, and social conditions that contribute to disparities in asthma.

Objectives:

1) By 2010, identify the number of existing public schools that have conditions that contribute to asthma symptoms/triggers.
2) By 2010, rempvate schools identified to have asthma triggers.
3) By ___, support increasing the minimum wage.

Breakout Session 2

GOAL: Reduce the incidence of asthma among underserved populations.

Objectives:

1) By ___, expand programs/coalitions by ___ % to reach/offer services to all underserved populations.
2) Reduce mortality in target goup (over 65, minorities, socioeconomic status, women).

GOAL: Increase resources for asthma management and services.

Objectives:

1) Expand educational programs for NC professionals/providers.
2) Increase state funding for expanded professional programs.
3) Increase the number of trained personnel in programs.

GOAL: Increase accessibility of healthcare to underserved populations (minorities, over 65, women, socioeconomic status).

Objectives:

1) By ___, increase public awareness among underserved populations of asthma programs statewide.
2) By ___, identify and partner with (#) existing groups within underserved populations.
3) By ___, increase family friendly policies that allow parents of children with asthma to care for their child.

Medical Management
Subject Matter Experts

Goal 1:
Ensure that all patients with asthma receive best practices management and education. Do this by working with the local asthma coalitions, data sharing and supporting existing efforts, utilize asthma "champions", provide staff education, follow NIH guidelines, and perform a dedicated asthma visit.

Goal 2:
Ensure Access to care for all persons with asthma. (preferably through a medical home). Encourage communication between health care providers and insurance agencies to reach this goal.

First Breakout Session

Brainstorming:

- More people need to get to providers
    - Not all getting best practice care
    - What is the determinant-Access? Insurance? (get surveillance group involved)
- All medical professional provide asthma education (extenders – allied)
- Assure all providers agree on billing/diagnostic codes (recommend to surveillance group)
- Quality improvement to encourage meeting best practices/guidelines

Goal 1:
More people need to get to providers.

Objective 1.1:
By 2011, reduce the percentage of asthmatics not having visited a health care provider to 20%.

Goal 2:
Assure all patients with asthma receive best practices, management, and education

Objective 2.1:
By _____, _____% of all healthcare providers will receive training in how to provide appropriate education to patients and will implement this.

Objective 2.2:
By _____, _____% will receive training in how to provide best practice management and will implement this.

Objective 2.3:

By _____, _____% will receive training in quality improvement models and will implement this.

Second Breakout Session:

Brainstorming:

- Increase continuity of care
- Case management for each child
- Case mangers doing asthma education
- Improve communication/coordination among providers
- Increase education among physicians. RE: NIH guidelines
- Link reimbursement to (studies) = (Medicaid/N.F.P) (????)

Goal 1:
All docs comply with NIH guidelines. Evaluate this with documentation, ID practice (hospital based asthma liaison).

Goal 2:
All child asthma patients will have a case management plan monitored by an appropriately trained case manger. Evaluate this by the number of action plans on file, the number of persons who pass asthma education programs.

Goal 3:
Assure appropriate continuity of care, communication and coordination among providers. Evaluate this through logs, referral, (1 person ???????)

Surveillance
Subject Matter Experts:

Goal 1:
Identify and monitor populations at risk for asthma.

Objective 1.1:
Utilize burden document to communicate to stakeholders.

Determine which disparities are due to management gaps and which are a true representation of high risk populations

Goal 2: Assess the needs of asthma stakeholders (e.g. all of the other category groups included in the facilitation meeting).

Objective 2.1:
Identify and discuss the availability of data to meet their needs.

Objective 2.2:
Determine if there are data gaps, and if so, work to fill them.

Goal 3:

Disseminate asthma surveillance data to appropriate populations and organizations to influence policy and drive interventions, education, and behavior.

First Breakout Session:

Brainstorming:

- MRNC – Medicare data
- HEDIS measures
- Parameters in physician practices
    - Are people receiving appropriate care, education and follow-up
    - How do we get accurate surveillance on these issues
- Accurate data collection on asthma education
- Collaboration with environmental/Division of Air Quality/use of GIS
- Hospital Discharge Data
    - Race/Ethnicity
- Look at health insurance data

Goal 1:
Look at health insurance data and asthma status.

Objective 1.1:
Asthma is and expensive issue. How do we get assistance to the neediest groups?

Objective 1.2:
Patient assist programs: where should we have these?

Objective 1.3:
Educating uninsured and underinsured on signs and symptoms of asthma.

Goal 2:
Work with physicians and hospitals to obtain accurate reporting of data. Educate them on the reasons why accurate data reporting is so important.

Objective 2.1:
Work with physicians and coalitions for education.

Objective 2.2:
Conduct pre and post surveys (before and after education) to determine the effectiveness of the education intervention. (the group realizes that this population is very difficult to survey).

Objective 2.3:
Conduct training in certain counties and compare the results the data reporting in those counties to the control counties that were not trained.

Objective 2.4:
Establish partnerships with Medicaid and Rural Health.

Goal 3:

Accurately determine how many physicians/health care providers are providing appropriate asthma management, including medication, education, and follow-up.

Objective 3.1:
Survey provider offices to determine what is being done.

Objective 3.2:
Provide education to physicians and offices. Could be done on the local, county, or state level, depending on which would impact the community the most.

Objective 3.3:
Work through nurses and office managers.

Second Breakout Session:

Brainstorming:

- Quality assurance and accuracy of all asthma data, including NCEDD data
- Data on why students miss school
- Use coalition to advocate for complete data
- Available resources (school nurse) to do data collection – requires and increase in resources
- Eliminate barriers to identify ED/hospital "frequent fliers"
    - "Frequent fliers" and those asthma patients who make return visits to the hospital and the ED because of their asthma. Indicates poor asthma management
- School level data tracking the impact of asthma
- School nurses communicating with health care providers
    - Identify and eliminate the barriers to information sharing
- Look at race and socioeconomic issues – are they dependant or independent of each other

Goal 1:
Identify and collect "non-traditional" data to increase efficiency and reduce duplication. (i.e. policy, program, education) Avoid reinventing the wheel

Objective 1.1:
Periodic monitoring of available national, state, county, and local (region/district/school) "non-traditional" data.

Goal 2:
Improve quality of surveillance of asthma.

Objective 2.1:
Improve the accuracy, utilizing multiple sources.

Objective 2.2:

Identify gaps – geographic, race, ethnicity, SES, years (time)

Objective 2.3:
Increase accessibility to the data.

Objective 2.4:
Get the data people from DPI and Public Health talking with each other as well as talking with the policy persons.

Goal 3:
Disseminate data in a useful format for all asthma stakeholders: parents, health care providers, public health, schools, and legislators.

Objective 3.1:
Develop an identifiable web source. Provide power point presentations for counties and make them available on the web – so counties could use the information in their presentations.

Objective 3.2:
Develop a collection portal from the website to allow local input to the state so we can distribute/make available to colleagues.

Objective 3.3:
Develop list serves for the distribution of information.

Objective 3.4:
Make sure the information gets to the appropriate people to identify the populations at risk and identify the trends.

Objective 3.5:
Track this information over time - sustainability.

ENVIRONMENTAL GOALS AND OBJECTIVES - FINAL EXPERT SESSION

GOAL # 1: Identify and reduce the exposure to indoor asthma triggers.

Objectives: A. Educate individuals about indoor asthma triggers
- Websites
- Local and state agencies provide education to consumers
- Pamphlets and educational material
- Media
- Public Health Staff education

B. Update existing regulations/codes to address asthma triggers
C. Drafting a policy addressing second-hand smoking in enclosed spaces.

GOAL # 2: Identify and reduce the exposure to outdoor asthma triggers.

Objectives: A. Educate individuals about outdoor asthma triggers.
B. Promote alternatives to reduce outdoor air pollution (emissions, stack emissions, transportation alternatives, and ozone.
C. Promote awareness of poor air quality days

GOAL #3: Explore correlations between environmental exposure and health impact.

Objectives: A. Identify applicable research studies and findings.
B. Support appropriate research and projects.

ENVIRONMENTAL BREAKOUT SESSION # 1

GOAL # 1 – Eliminate the asthma triggers in the indoor environment.

Objective: A. Educate individuals about indoor asthma exposures in work sites, homes, schools, adult healthcare centers, and child care centers.
B. Adoption of second hand smoke policy

GOAL # 2 – Reducing exposure to outdoor environmental triggers

Objective: A. Educate individuals about outdoor asthma triggers
B. Promote the use of public transportation and other modes of transportation
C. Promote the development of pedestrian-friendly environment

GOAL # 3 – Maintain a data collection system for environmental exposure assessment.

Objective: A. Reduce the barriers in assessing surveillance data (priority #18)
B. Linking environmental data to health data.
C. "Now we have data, what to do with it?"

ENVIRONMENTAL BREAKOUT SESSION # 2

GOAL #1 – Improving outdoor air quality.

Objective: A. Reduce number of code-red days
B. Promote alternative fuels and advance technology.
C. Increase number of school buses retrofitted or ones that possess new technology.

GOAL # 2 – Improving indoor air quality.

Objective: A. Reducing second-hand smoking in public places.
B. Promoting smoking cessation and prevention for high risk groups.
C. More enforcement of rental minimum housing codes
D. Reducing asthma triggers in schools, health care facilities, child care facilities, assisted living centers.

GOAL # 3 – Increasing public awareness of high ozone days.

Objective: A. Create earned media for high ozone days and other air pollutants
B. Providing internal campaign for publishing asthma information

POLICY GOALS AND OBJECTIVES - FINAL EXPERT SESSION

GOAL # 1- Increase funding for evidence-based activities to prevent and reduce the asthma burden of NC.

Objectives: A. By 2012, increase the number of public and private payers that reimburse for qualified non-physician education.
B. By 2012, increase state funding for evidence-based asthma initiatives by local coalitions or workgroups to support an FTE and operating cost and program cost.

GOAL # 2- Ensure that schools are safe and healthy environments for children with asthma.

Objectives:
A. By 2010, reduce the ratio of school nurses to students to 1 nurse per 750 students.
B. By 2012, 100% of NC schools will utilize a uniform school asthma action plan that includes standardized education and reporting for staff and students.
C. By 2008, establish a 3-5 year rotation to screen for asthma triggers in all schools.
D. By _____, eliminate school asthma triggers identified through screening within 6-12 months.
E. By 2010, ensure that 100% of NC schools will be tobacco-free.
F. By _____, support appropriate in-school use of asthma medications in all public and private schools.

GOAL # 3- Decrease second-hand smoke exposure for all NC residents.

Objectives:
A. By 2010, support an increase in tobacco tax to 75 cents.
B. By_____, support legislation for tobacco-free government buildings and public spaces.
C. By_____, support hospitals passing 100% tobacco-free policies.
D. By_____, support eliminating second-hand smoke in NC work sites and public spaces.

GOAL # 4- Ensure that policies are in place to provide adequate healthcare coverage for all NC residents.

Objectives:
A. By_____, Asthma Alliance members will serve on the NC Health Access Coalition
B. By_____, support policies that provide funding for safety-net organizations.

GOAL # 5- Reduce the number of environmental triggers in public housing.

Objectives: A. By 2010, all counties will require all section 8 and public housing facilities to develop and adopt asthma plans which identify asthma triggers.

B. By_____, amend building code regulations to require appropriate HVAC equipment that will pre-clued growth of mold.

Comment: Consider to educate before you legislate.

GOAL # 6- Reduce the burden of asthma by improving outdoor air quality.

Objectives: A. By_____, encourage mass transit options.

B. By_____, support policies that encourage walkable communities.

C. By_____, control burning according to air quality days.

D. By _____, support policies that encourage alternate fuel technology.